PATENT APPLICATION FEE DETERMINATION RECO								Application or Docket Number						
Effective October 1, 2000									09858578					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE				OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			26					RATI	Ε	FEE]	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		•	BASIC	FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			26 - minus 20=		* 6			X\$ 9	=		OR	X\$18=	108	
INDEPENDENT CLAIMS			← minus 3 =		* /			X40=			OR	X80=	SO	
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT			+1		+135	_		OR	+270=	20	
* If	the difference	in column 1 is	less than ze	n zero, enter "0" in column 2				TOTA	۱L		OR	TOTAL	020	
CLAIMS AS AMENDED - PART II									_			OTHER	THAN	
,		(Column 1)		(Colu	(Column 3)	SMALL E			ENTITY	OR	SMALL	ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RAT	Ē	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9	=		OR	X\$18=		
	Independent	*	Minus	***		=		X40:	_		0.0	X80=		
V_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM]		_		OR			
								+135			OR	+270=		
								TO ADDIT. F		·	OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST														
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVI	BER OUSLY FOR	PRESENT EXTRA		RATI	Ξ	ADDI- TIONAL FEE	·	RATE	ADDI- TIONAL FEE	
	Total	*	Minus	· **		=		X\$ 9	=		OR	X\$18=		
	Independent	*	Minus	***		=		X40=	=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J	+135	=		OR	+270=		
								TOT			OR	TOTAL ADDIT. FEE		
			ADDIT. F			•	ADDIT. FEE							
AMENDMENT C		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		PREVI	IEST IBER	(Column 3) PRESENT EXTRA		RATE	Ξ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FÉE	
	Total	*	Minus	**		=		X\$ 9:			OR	X\$18=		
	Independent	*	Minus	***		=	1	X40=	_			X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							A4U=	_		OR	700=		
+135=											OR	+270=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."														
		nber Previously Pa ber Previously Pai								ropriate box			-	